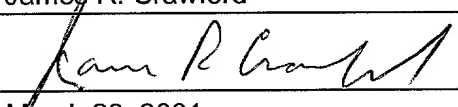


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|---|---|--|-----------------|-------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>   |   | Attorney Docket No.  | KIT 327         | Total Pages |
|   |   | First Named Inventor or Application Identifier   |                 |             |
|   |   | Iwao NOZAKI  |                 |             |
|   |   | Express Mail Label No.   | EL 829763845 US |             |
| APPLICATION ELEMENTS<br><br><small>See MPEP Chapter 600 concerning utility patent application contents.</small>   |   | ADDRESS TO: Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231   |                 |             |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (attached hereto in duplicate)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 20]<br/>(Preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>- Descriptive Title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R&amp;D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 10]</p> <p>4. Oath or Declaration</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/>(for continuation/divisional check boxes 5 and 16)</p> <p>i. <input type="checkbox"/> Deletion of Inventor(s)<br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation by Reference<br/>(useable if Box 4b is checked)<br/>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> |   | <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p>ACCOMPANYING APPLICATION PARTS</p> <p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement<br/>(when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement<br/>(IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>(Should be specifically itemized)</p> <p>14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)<br/>(if foreign priority is claimed)</p> <p>15. <input checked="" type="checkbox"/> We hereby claim priority of Japanese Patent Appln. No. 2000-88449 dated March 28, 2000</p> |                 |             |
| 16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application  |   |  |                 |             |
| 17. <input type="checkbox"/> For this application, please cancel original Claims of the prior application before calculating the filing fee.  |   |  |                 |             |
| 18. CORRESPONDENCE ADDRESS<br><input checked="" type="checkbox"/> Customer Number or Bar Code Label 24972 or <input type="checkbox"/> Correspondence Address below  |   |  |                 |             |
| 19. TELEPHONE CONTACT<br>Please direct all telephone calls or telefaxes to James R. Crawford at:<br>Telephone: (212) 318-3148 Fax: (212) 318-3400   |   |  |                 |             |
| 19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED   |   |  |                 |             |
| NAME  | James R. Crawford   |  | Reg. No. 39,155 |             |
| SIGNATURE   |  |  |                 |             |
| DATE  | March 23, 2001  |  |                 |             |

|                        |                          |                |
|------------------------|--------------------------|----------------|
| <b>FEE TRANSMITTAL</b> | <i>Complete if Known</i> |                |
|                        | Application Number       | To be assigned |
|                        | Filing Date              | herewith       |
|                        | First Named Inventor     | Iwao Nozaki    |
|                        | Group Art Unit           | To be assigned |
|                        | Examiner Name            | To be assigned |
|                        | Attorney Docket Number   | KIT 327        |

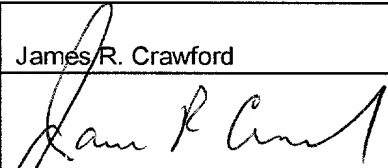
## FEE CALCULATION

### CLAIMS AS FILED

| (1)                       | (2)                      | (3)          | (4)               | (5)                   |
|---------------------------|--------------------------|--------------|-------------------|-----------------------|
| FOR: Small entity         | NUMBER FILED             | NUMBER EXTRA | RATE              | BASIC FEE<br>\$710.00 |
| TOTAL CLAIMS              | - 20 =                   | 11           | x 9.00            | \$ 0.00               |
| INDEPENDENT CLAIMS        | - 3 =                    | 0            | x 82.00           | \$ 0.00               |
| MULTIPLE DEPENDENT CLAIMS | <input type="checkbox"/> | N/A          | \$270.00          | -----                 |
|                           |                          |              | <b>TOTAL FEES</b> | <b>\$710.00</b>       |

## METHOD OF PAYMENT

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$0.00
- ☒ A check for \$710.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

|                       |   |                      |                                    |
|-----------------------|---|----------------------|------------------------------------|
| <b>SUBMITTED BY:</b>  |   |                      | <i>Complete (if applicable)</i>    |
| Typed or Printed Name | James R. Crawford   |                      | Reg. No. 39,155                    |
| Signature             |  | Date: March 23, 2001 | <b>Deposit Account No. 50-0624</b> |

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